

Adopt Med 502 to read as follows:

PART Med 502 OPIOID PRESCRIBING

Med 502.01 Applicability.

This part shall apply to the prescribing of opioids for the treatment of non-cancer and non-terminal conditions.

Med 502.02 Definitions.

Except where the context makes another meaning manifest, the following words have the meanings indicated when used in this chapter:

- (a) “*Acute pain*” means the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited, often less than three months in duration.
- (b) “*Administer*” means an act whereby a single dose of a drug is instilled into the body of, applied to the body of, or otherwise given to a person for immediate consumption or use.
- (c) “*Addiction*” means a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Addiction is characterized by behaviors that include:

- (a) Impaired control over drug use;
 - (b) Craving;
 - (c) Compulsive use; or
 - (d) Continued use despite harm.
- (d) “*Chronic pain*” means a state in which non-cancer pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years. For the purposes of these rules, chronic pain shall not include pain from cancer or terminal care.

- (e) “*Clinical coverage*” means defined and prearranged coverage that is available twenty-four hours a day, seven days a week, to assist in the management of patients with chronic pain.
- (f) “*Medication-assisted treatment*” means any treatment of opioid addiction that includes a medication (i.e. methadone, buprenorphine, or naltrexone) that is approved by the FDA for opioid detoxification or maintenance treatment.
- (g) “*Morphine equivalent dose (MED)*” means a conversion of various opioids to a morphine equivalent dose by the use of accepted conversion tables.
- (h) “*Risk assessment*” means a process for predicting a patient’s likelihood of misusing or abusing opioids in order to develop and document a level of monitoring for that patient. An example of a screening tool is the Screener and Opioid Assessment for Patients with Pain (SOAPP), but licensees can use any evidence-based screening tool.
- (i) “*Treatment agreement*” means a written agreement that outlines the joint responsibilities of physician and patient. Informed consent documents and treatment agreements can be part of one document for the sake of convenience.
- (j) “*Treatment plan*” means a written plan that reflects the particular benefits and risks of opioid use for each individual patient and establishes goals, expectations, methods and time course for treatment.

Med 502.03 Acute Pain. Physicians are not obligated to prescribe opioids. If opioids are indicated and prescribed for acute pain or any other acute medical condition, prescribing licensees shall:

- (a) Conduct and document a physical examination and history;
- (b) Consider the patient’s risk for opioid misuse, abuse, or diversion and prescribe for the lowest practical dose for a limited duration; and
- (c) Document the prescription and rationale for all opioids according to Med 501.02(d) and (e);
- (d) Ensure that the patient has been provided information that contains the following:
 - (1) Risk of side effects, including addiction and overdose resulting in death;
 - (2) Risks of keeping unused medication;
 - (3) Options for safely securing and disposing of unused medication; and
 - (4) Danger in operating motor vehicle or heavy machinery.

- (e) Comply with all federal and state controlled substances laws, rules, and regulations;

Med 502.04 Chronic Pain. Physicians are not obligated to prescribe opioids. If opioids are indicated and prescribed for chronic pain or any other chronic medical condition, prescribing licensees shall:

- (a) Conduct and document a history and physical examination;
- (b) Conduct and document a risk assessment. This shall include, but not be limited to, the use of an evidence based screening tool;
- (c) Document the prescription and rationale for all opioids according to Med 501.02(d) and (e);
- (d) Comply with all federal and state controlled substances laws, rules, and regulations;
- (e) Utilize a written informed consent that explains the following risks associated with opioids:
 - (1) Addiction;
 - (2) Overdose and death;
 - (3) Physical dependence;
 - (4) Physical side effects;
 - (5) Hyperalgesia;
 - (6) Tolerance; and
 - (7) Crime victimization.
- (f) Create and discuss a treatment plan with the patient. This shall include, but not be limited to the goals of treatment, in terms of pain management, restoration of function, safety, and time course for treatment.
- (g) Utilize a written treatment agreement that is included in the medical record. This shall address, at a minimum, the following:
 - (1) The patient's responsibility for safe medication use;
 - (2) The patient's responsibility to obtain his or her prescribed opioids from only one prescriber or practice;

(3) The patient's agreement to periodic and random drug testing; and

(4) The prescriber's responsibility to be available or to have clinical coverage available.

(h) Document the consideration of a consultation with an appropriate specialist in the following circumstances:

(1) When the patient receives a 100 mg morphine equivalent dose for longer than 90 days;

(2) When a patient is at high risk for abuse or addiction; or

(3) When a patient has a co-morbid psychiatric disorder.

(i) Require periodic review and follow-up at least every four months;

(j) Require random urine drug testing at least annually for all patients using opioids for longer than 90 days. Unanticipated findings shall be addressed in a manner that supports the health of the patient; and

(k) Have clinical coverage available for 24 hours per day, seven days per week, to assist in the management of patients.

Med 502.05 Prescription Drug Monitoring Program.

(a) Prescribers required to register with the program under this subdivision, or his or her delegate, shall query the Prescription Drug Monitoring Program for a patient's initial prescription when prescribing schedule II, III, and IV opioids for the management or treatment of pain and then periodically and at least twice per year, except when:

(1) Controlled medications are to be administered to patients in a health care setting; or

(2) Treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the practitioner, for no more than 30 days.

Med 502.06 Medication Assisted Treatment

(a) Licensees who prescribe medication assisted treatment shall adhere to the principles outlined in the American Society of Addiction Medicine's National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015) found at <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline.pdf?sfvrsn=0> as cited in Appendix II.

Appendix I

Rule	Statute
Med 502	RSA 329:9, V and XV-a

Appendix II Incorporated References

Rule	Reference	Obtain at:
Med 502.06 (a)	The American Society of Addiction Medicine's "National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use," adopted on June 1, 2015.	No cost to download from: http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline.pdf?sfvrsn=0